



MISSOURI DEPARTMENT OF NATURAL RESOURCES
WASTE MANAGEMENT PROGRAM
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

RECEIVED

SEP 12 1991

SEND TO

MISSOURI DEPARTMENT OF NATURAL RESOURCES, WASTE MANAGEMENT PROGRAM
P.O. BOX 176, JEFFERSON CITY, MO 65102

FOR OFFICIAL USE ONLY

HAZARDOUS WASTE PROGRAM
MISSOURI DEPARTMENT OF
NATURAL RESOURCES

COMMENTS

C
C

INSTALLATION'S EPA ID NUMBER

APPROVED

DATE RECEIVED

YR. MO. DAY

C
F

MODA85801349

T/A

C

1

I. NAME OF INSTALLATION

McDaniel Auto Mail

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX NUMBER

C
3

2501 E Austin

CITY OR TOWN

STATE

ZIP CODE

C
4

Nevada

MO

64772

III. LOCATION OF INSTALLATION

STREET AND NUMBER

C
5

Same

CITY OR TOWN

STATE

ZIP CODE

C
6

IV. INSTALLATION CONTACT

NAME AND TITLE (LAST, FIRST, AND JOB TITLE)

TELEPHONE NUMBER

C
2

RANDAL BROWN

BS. M.

417 667 3385

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

B. TYPE OF OWNERSHIP (ENTER CODE)

C
R

P

VI. TYPE OF REGULATED WASTE ACTIVITY (MARK "X" IN THE APPROPRIATE BOXES. REFER TO INSTRUCTIONS)

A. HAZARDOUS WASTE ACTIVITY

B. USED OIL FUEL ACTIVITIES

☒ 1a. GENERATOR

☒ 1b. LESS THAN 1,000 KG./MO.

☐ 6. OFF-SPECIFICATION USED OIL FUEL

(enter 'X' & mark appropriate boxes below)

☐ 2. TRANSPORTER

☐ 3. TREATER/STORER/DISPOSER

☐ 4. UNDERGROUND INJECTION

☒ 5. MARKET OR BURN HAZARDOUS WASTE FUEL (enter 'X')

☒ A. GENERATOR MARKETING TO BURNER

☐ B. OTHER MARKETER

447890



RCRA RECORDS

MARKETING TO BURNER

ETER

SED OIL FUEL MARKETER (OR ON-SITE BURNER)

IS THE OIL MEETS THE SPECIFICATION

VII. WASTE FUEL BURNING: TYPE OF COMBUSTION DEVICE

(Enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices)

☐ A. UTILITY BOILER

☐ B. INDUSTRIAL BOILER

☐ C. INDUSTRIAL FURNACE

VIII. MODE OF TRANSPORTATION (TRANSPORTERS ONLY-ENTER 'X' IN THE APPROPRIATE BOX(ES))

☐ A. AIR

☐ B. RAIL

☐ C. HIGHWAY

☐ D. WATER

☐ E. OTHER (SPECIFY)

IX. FIRST OR SUBSEQUENT NOTIFICATION

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

☒ A. FIRST NOTIFICATION

☐ B. SUBSEQUENT NOTIFICATION (COMPLETE ITEM C)

C. INSTALLATION'S EPA I.D. NUMBER

ID - FOR OFFICIAL USE ONLY

C
WT/A
C
1**X. DESCRIPTION OF HAZARDOUS WASTE**

A. Wastes from Nonspecific Sources (F-List). Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Below each number, enter monthly generation amount in pounds and frequency code A, B, or C.

WASTE I.D. NO.

F 0 0 3

F 0 0 5

AMOUNT AND
FREQUENCY

50 lbs. A

50 lbs. A

lbs.

lbs.

B. Wastes from Specific Sources (K-List). Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Below each number, enter the monthly generation amount in pounds and frequency code A, B, or C.

WASTE I.D. NO.

AMOUNT AND
FREQUENCY

lbs.

lbs.

lbs.

lbs.

C. Commercial Chemical Product Wastes (W and P Lists). Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be hazardous waste. Below each number, enter the monthly generation amount in pounds and frequency code A, B, or C.

WASTE I.D. NO.

AMOUNT AND
FREQUENCY

lbs.

lbs.

lbs.

lbs.

D. (Reserved)

E. Characteristics of Nonlisted Hazardous Wastes. Mark an 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24) Below each box that you check, enter the monthly generation amount expressed in pounds and generation frequency code A, B, or C.

AMOUNT AND
FREQUENCY1. IGNITABLE
(D001)

50 lbs. A

2. CORROSIVE
(D002)

lbs.

3. REACTIVE
(D003)

lbs.

SAME AS ABOVE WASTE

AMOUNT AND
FREQUENCY

4. TOXIC Enter the four-digit number which identifies each characteristic toxic waste. Below each number, enter the monthly generation amount and frequency.

lbs.

lbs.

lbs.

lbs.

MISSOURI REQUIRED INFORMATION

MISSOURI GENERATOR ID NUMBER (IF PREVIOUSLY ASSIGNED)

PRINCIPAL BUSINESS ACTIVITY

S.I.C. CODE (LEAVE BLANK IF UNCERTAIN)

CHECK THIS BOX IF YOU GENERATE/ACCUMULATE LESS THAN A REPORTABLE QUANTITY

**XI. CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME AND OFFICIAL TITLE (TYPE OR PRINT)

DATE

Randall Brown

RANDY BROWN BSM.

9/9/91

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

7-18-91
HWDNS

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☒ A. First Notification ☐ B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number

MOD985801349

II. Name of Installation (Include company and specific site name)

McDaniel Auto Mail

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

2501 E Austin

Street (continued)

City or Town

Nevada

State

ZIP Code

MO 64772-

County Code

County Name

217 Vernon

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

Same

City or Town

State

ZIP Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

BROWN

RANDALL

Job Title

Phone Number (area code and number)

SERVICE DIRECTOR

VI. Installation Contact Address (See Instructions)

A. Contact Address Location Mailing

B. Street or P.O. Box

☒ ☐

City or Town

State

ZIP Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

FRANK McDaniel

Street, P.O. Box, or Route Number

City or Town

State

ZIP Code

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)

Yes No

Month Day Year

- - -

P

P

Yes

No

- - -

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

1. Generator (See instructions)
- ☐ a. Greater than 1000 kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220 to 2,200 lbs.)
- ☒ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify _____
- ☐ 3. Treater, Storer, Disposer (at installation)
Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
- ☒ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Burner - indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner - Indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification
- ☐

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. Toxicity Characteristic (D000) ☐
- (List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
F 0 0 3	F 0 0 5				
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature



Name and Official Title (type or print)

RANDY BROWN D.S.M.

Date Signed

9/9/91

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

USEPA REGION VII
726 MINNESOTA AVE
KANSAS CITY KS 66620
ATTN: JANICE SNYDER
PSBR/IRMS

POSTAGE DUE